

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							31								
2							32								
3							33								
4		2					34								
5		2					35								
6		3					36								
7		3					37								
8		3					38								
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10		3					40								
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12	1						42								
13		1					43								
14		1					44								
15		2					45								
16		2					46								
17		3					47								
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46															
47															
48															
49															
50															
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	39						TOTAL DEP.								
TOTAL CLAIMS	41						TOTAL CLAIMS								

98  
2  
1/4  
1/4  
22  
1/4  
1/4